

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

00255351

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.**SUNDRY NOTICES AND REPORTS ON WELLS**(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION & SERIAL NO. 2	
2. NAME OF OPERATOR Skaer Enterprises, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 22418 - Denver, CO 80222		7. UNIT AGREEMENT NAME #31500 North Minto J Sand Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW NW At proposed prod. zone Same		8. FARM OR LEASE NAME Whittier D-1	
14. PERMIT NO. Unknown		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4164' KB		10. FIELD AND POOL, OR WILDCAT North Minto	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-9N-53W	
		12. COUNTY Logan	
		13. STATE CO	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
8-29, 30; 9-1, 2-89

18. Date of work

* Must be accompanied by a cement verification report.

MIRU - Swabbed casing to recover any oil - rigged up to run tubing, run packer, set @4397'. Rigged up to fill casing - hooked up Halliburton to pump 100 sacks cement down hole; rigged up to pull tubing, released packer; pulled casing, cut off at 3702', dumped 25 sacks cement in bottom of surface pipe, dumped 10 sacks in top of surface pipe. Cut surface pipe off 4' below ground level. Welded on steel cap and restored surface.

**RECEIVED**

SEP 20 1989

EXHAUSTED
OIL WELL

COLO. OIL & GAS CONS. COMM.

19. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Vice President

DATE 9-18-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: